

EVIDENCE SEARCH MISSION REQUEST

TO: WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION
ATTENTION: DUTY OFFICER
StateEmergency.OperationsOfficer@mil.wa.gov
FAX: (253) 512-7203
TEL: 888-849-2727 / 800-258-5990

FROM: _____

SUBJECT: REQUEST FOR EVIDENCE SEARCH MISSION

1. JURISDICTION: _____

2. AGENCY CONDUCTING SEARCH: _____

3. OFFICER IN CHARGE ON SCENE: _____

4. DATE, TIME, AND LOCATION OF SEARCH: _____

5. PURPOSE OF SEARCH : _____

6. APPROXIMATE NUMBER OF EMERGENCY WORKERS, LISTED BY TYPE: _____

7. TRAINING VALUE FOR EMERGENCY WORKERS: _____

8. I CERTIFY THAT ALL EMERGENCY WORKERS WILL BE UTILIZED WITHIN THE SCOPE OF THEIR NORMAL EMERGENCY WORKER ASSIGNMENTS.

9. I CERTIFY THIS ACTIVITY DOES NOT INVOLVE THE SEARCH FOR, APPREHENSION, DETENTION, OR ARREST OF A PERSON OR PERSONS IN THE ACT OF COMMITTING A CRIME OR WHO ARE SUSPECTED OF HAVING COMMITTED A CRIME.

Printed Name of Requesting Official

Signature of Requesting Official

Date

TO:

FROM: WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION

Approved. # _____-ES-_____

EMD AUTHORIZING SIGNATURE

DATE